

NOV 23 2004

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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: November 23, 2004

<i>TO: Examiner: Jeffery, John A.</i>	<i>RE: U.S. Patent Application</i>
<i>Art Unit: 3742</i>	<i>Serial No.: 09/480,5225</i>
<i>Fax: (703) 872.9306</i>	<i>Applicant: Robert Leonard Fulks.</i>
<i>From: Thomas M. Fisher</i>	<i>Atty. Dkt. No.: 9D-HR-19163</i>

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.)

Request for Reconsideration in Response to Final Office Action dated August 26, 2004 (13 pgs.)

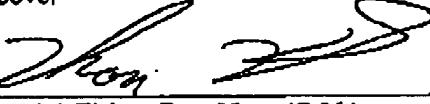
Certificate of Facsimile Transmission (1 pg.)

Total pages including cover page: 17
If all pages are not received, please contact: Lisa Schodrowski at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: REFLECTIVE BRACKET
Filed: January 10, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 730.872.9306 on the date shown above.



Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-HR-19163

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert Leonard Fulks	:	Art Unit: 3742
Serial No.: 09/480,588	:	Examiner: Jeffery, John A.
Filed: January 10, 2000	:	
For: REFLECTIVE BRACKET	:	

**Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
 - Amendment Transmittal (3 pgs.)
 - Response to Office Action dated August 26, 2004 (13 pgs.)
 - Certificate of Facsimile Transmission (1 pg.)

STATUS

2. Applicant _____ claims small entity status.
X is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
____ deposited with the United States Postal Service with sufficient postage as Express Mail, in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, Alexandria, VA 22313-1450, *Express Mail* No.: *EV US*

FACSIMILE

Date: November 23, 2004

Thomas M. Fisher
Reg No. 47,564

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 110.00	\$ 55.00
second month	\$ 400.00	\$ 200.00
third month	\$ 920.00	\$ 460.00
fourth month	\$1,440.00	\$ 720.00
fifth month	\$1,960.00	\$ 980.00

Fee: **\$**

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDITIONAL RATE FEE OR		ADDITIONAL RATE FEE	
TOTAL	20	MINUS	20	=0		x \$9 = \$		x \$18 = \$	
INDEP.	5	MINUS	6	=0		x \$42 = \$		x \$84 = \$	
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$130 = \$		+ \$280 = \$	
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ 00.00.

FEE PAYMENT

5. Attached is a check in the sum of \$ _____

Charge Deposit Account No. 01-2384 the sum of \$ 00.00.
A duplicate of this transmittal is attached.

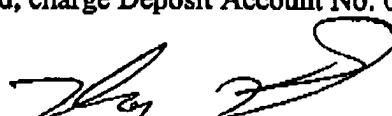
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:


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